

Ghana's Social Policy Response to Covid-19: Leaving the Poorest Behind?

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Covid-19

Social Policy Response Series

Abdul-Gafaru Abdulai
Mohammed Ibrahim

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GHANA'S SOCIAL POLICY RESPONSE TO COVID-19: LEAVING THE POOREST BEHIND?

Abdul-Gafaru Abdulai *

Mohammed Ibrahim **

ABSTRACT

This report analyses Ghana's policy response to the Covid-19 pandemic, with particular attention to the social sector. It highlights the various policies that were adopted to help minimise the impact of the pandemic, ranging from the provision of free/subsidised water and electricity, and the distribution of food to vulnerable groups during the partial lockdown of the country. The report argues that whilst these social interventions were useful in mitigating the hardships posed by the pandemic, their overall impact was undermined by a number of factors, including the lack of a reliable database on the poor and vulnerable, ineffective targeting mechanisms, and the politicisation of the distribution of benefits.

INTRODUCTION

Ghana recorded its first two Covid-19 cases on 12 March 2020.¹ These involved two persons returning from Norway and Turkey. Just within two weeks of announcing these two cases, the country recorded an additional 200, with most of these reported in the two major cities of Accra and Kumasi. By 23 July 2020, the number of confirmed cases and Covid-19 related deaths were 32,969 and 168 respectively. As of 25 October 2020, evidence provided by the Ghana Health Service suggested that the country had recorded a total of 47,690 cases, 316 deaths, and a very high level of recoveries (46,887). Although initially concentrated in Accra, the capital city, cases are now reported in a significant number nationwide, affecting all the country's 16 administrative regions, but with over 70% of cases still concentrated in Accra and Kumasi.

Like many countries in Africa and beyond, Ghana has taken several steps to contain the spread of the Covid-19 disease. Ghana's response to Covid-19 commenced even before the first cases were recorded on 12 March 2020. The Ministry of Health, taking cognisance of the growing spread of the disease across the globe, commenced a sensitisation exercise emphasising the need for citizens to observe safety protocols such as avoiding handshakes and covering one's nose when sneezing. This also followed criticisms by opposition parties about government's perceived inaction despite the imminent threat posed by the virus. Through the Ghana Health Services and its National Disease Surveillance Department, the country conducted a preliminary assessment of its capacity and readiness to handle a possible outbreak and also prepared a response strategy (Kenu, Frimpong and Koram, 2020).

On 15 March 2020, the government further announced a series of measures aimed at controlling the spread of Covid-19. These measures, which were to take effect from 16 March 2020, included a ban on all public gatherings such as religious activities, sports, funerals, and school closures. The country's borders were closed to non-Ghanaian travellers from places where confirmed Covid-19 cases had exceeded 200. Travellers from countries not covered by this ban were to undergo mandatory 14-day quarantine upon arrival in Ghana. Barely

1 According to the World Bank, Ghana's 2019 population was projected at 30.4 million with a GDP per capita of USD 2,202.

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one week after this announcement, the president announced a ban on all public travel to or from the country by air, sea and land to take effect from 22 March. By late March, a two-week partial lockdown was enforced in designated 'hotspots', namely Accra, Tema, Kumasi and parts of Kasoa in the Central Region beginning 30 March 2020. This was extended for another week and only lifted on 20 April 2020. These restrictions were backed by two new pieces of legislation, namely the Imposition of Restrictions Act, 2020 (Act 1012) and Imposition of Restrictions (Coronavirus Disease (Covid-19) Pandemic) Instrument, 2020 (E.I. 64) passed on 20 and 23 March 2020 respectively.²

In what follows, we provide a brief background to Ghana's political, economic and social policy context within which our analysis may be understood. We then present the social policies introduced by the government to address the socioeconomic impact of the Covid-19 measures. Thereafter, we provide a brief appraisal of these policies noting why their impact might have been less effective than anticipated. The final section concludes.

POLITICAL AND SOCIOECONOMIC CONTEXT

Ghana attained independence in 1957. The first three decades of Ghana's post-independence history were characterised by long periods of military rule. In the late 1980s, after nearly one decade of quasi-military rule, the country returned to multi-party politics in 1992 and a new Constitution was promulgated in 1993. Since then, Ghana has held eight successful multi-party elections, including three that resulted in an alternation of power between the country's two dominant political parties, the centre-right New Patriotic Party (NPP) and the centre-left National Democratic Congress (NDC). The current president, the NPP's Nana Addo Danquah Akufu-Addo first came to power on 7 January 2017 having won the presidential election organised on 7 December 2020. In December 2020, in the heat of the Covid-19 pandemic, President Akufu-Addo won a second term, again on the ticket of the NPP, although the NDC's candidate and Akufu-Addo's predecessor, John Dramani Mahama, challenged the results of the elections in the country's Supreme Court and lost.

Under the Directive Principles of State Policy enshrined in the 1992 Constitution, the state is mandated to institute policies necessary for enhancing the welfare of all citizens, including access to social services. Indeed, the constitution mandates all governments to "promote just and reasonable access by all citizens to public facilities and services"; "provide adequate means of livelihood and suitable employment and public assistance to the needy"; "provide social assistance to the aged such as will enable them to maintain a decent standard of living"; as well as "take all necessary steps to ensure the full integration of women into the mainstream of economic development of Ghana". In line with these injunctions, various Ghanaian governments have, since the early 2000s, identified social protection as a strategic anchor for driving more inclusive and equitable forms of development. Notable interventions during this period include the National Health Insurance Scheme, Livelihood Empowerment Against Poverty, Universal Compulsory Basic Education, and Free Senior High School policies (Ibrahim, 2020; Government of Ghana, 2015).

Despite these policies and sustained economic growth during the past three decades, evidence from the Ghana Living Standards Surveys (GLSS) shows that one in four Ghanaians remain poor. The absolute number of poor people has increased marginally over time, rising from 6.3 million Ghanaians in 2013 to 6.8 million in 2017. Crucially, the number of extremely poor people, defined as those who cannot meet their basic food requirements even if they devote their entire income to only food, also increased from 2.2 million in 2013 to 2.4 million in 2017 (Ghana Statistical Service, 2018). Some observers argue that the competitive nature of partisan politics in Ghana has significantly undermined state capacity in the delivery of public goods and services (Whitfield, 2010; Ibrahim, 2020). This is because policies by incumbent governments are often motivated by patron-client logics, fuelled by the desire to win electoral support instead of tackling the most significant development needs. For this reason, resources are often spread thinly in order to reach out to many voters instead of targeting the poorest (Abdulai, 2020). Relating this further to healthcare access, Abdulai (2018) for instance argues that policy elites were more interested in expanding health infrastructure, which provided visible evidence to the electorate, rather than investing in qualitative health outcomes.

2 Act 1012 was assented to by the President on 21 March 2020. Although the contents were the same, E.I. 64 was subsequently renewed on numerous occasions following a constitutional requirement to do so upon expiration.

The Covid-19 pandemic has had a significant impact on the Ghanaian economy, with businesses, individuals and households, particularly the poorest and vulnerable, affected in several ways. Estimated GDP growth in 2020 was expected to fall from 6.8% to 2.6% (Ministry of Finance, 2020), with similar shortfalls projected as follows: Crude oil receipts (USD 984 million), annual budget funding amount (USD 488 million) and non-oil tax revenues (USD 390 million) (Ministry of Finance, 2020; Deloitte, 2020). At the business and individual level, the imposition of restrictions, including closure of the country's borders, lockdown measures and closure of schools, led to job losses and the collapse of businesses. Recounting the effect on the operations of private schools for example, the Global Schools Forum (2020:8) highlighted the adverse impact of the pandemic on school fees which has been a key source of financing in private educational institutions. As a result, some schools were unable to pay their teachers and therefore had to terminate their employment. At the individual level, there were reports of price hikes in food, medicines and other essential items as well as adverse effects on mental health (see e.g. Asante and Mills, 2020; Asiamah et al., 2021). However, the most significant impact appears to have been on the poorest and vulnerable groups many of whom lacked decent accommodation, reliable sources of income and access to other basic services such as health, potable water and electricity (UNICEF, 2020; Adusei, 2020).

To mitigate these impacts, the government introduced a number of social interventions that targeted businesses, the general public and poor and vulnerable groups. With regard to businesses, the government reduced interest rates and reserve requirements for lenders from 16% to 14% and 10% to 8% respectively in order to enable a rise in credit provision to the private sector. To support some key industries deemed crucial to the economy, the government also arranged a syndicated facility with commercial banks totalling USD 3 billion whilst freezing principal repayments for some businesses. Through the National Board for Small Scale Industries, the government also established and administered a GHS 600 million (about USD 113 million) Coronavirus Alleviation Programme which among other things aims at providing soft loans to some 20,000 small and medium enterprises (SMEs).³ SME beneficiaries under this arrangement are free from repayment obligations in the first year of receipt and would subsequently have a two-year window within which to settle the loan.

Regarding policies benefiting the entire population, the government absorbed the water bills for all households across the country from April to June, extending this further to December 2020. The government also committed to paying 50% of the electricity bills of residential and commercial consumers whilst absorbing the entire bill for those considered as the poorest of the poor. Within this period, the Ghana Water Company Ltd. and the Electricity Company of Ghana were to ensure uninterrupted supply of water and electricity respectively, and a moratorium was placed on disconnecting supplies to consumers who had previously defaulted in paying their bills.

To ensure that citizens are able to fall back on informal support networks, the government, in collaboration with mobile telecommunication companies, made mobile money transactions below GHS 100 (about USD 18) fee-free.⁴ This policy was particularly important given the recent surge of mobile money transactions among Ghanaians, including the non-banked population and businesses operating in the informal sector. According to the May 2020 *Summary of the Economic and Financial Data* by the Bank of Ghana, the value of mobile money transactions increased from GHS 23.4 billion to GHS 33.8 billion between March 2019 and March 2020. During this period, the number of mobile money transactions also increased by some 49%. Evidently, the introduction of the fee-free policy as part of Covid-19 mitigating measures was timely, not least because it provided a cheaper route not only for business transactions but also for people to provide financial support to family members and friends in need. From April 2020 when the policy was introduced, the total number of mobile money transactions increased from 182 million to 278 million in October 2020, translating into GHS 32.8 billion and GHS 58.0 billion respectively total value of transactions during the period.⁵

In terms of policies specifically targeted at the poor and vulnerable, two were particularly noteworthy during the period. First, in May 2020 the Ministry of Gender, Children and Social Protection (MoGCSP) provided an extra round of the transfer grants due to beneficiaries of the Livelihood Empowerment Against Poverty (LEAP).

3 Based on an exchange rate of USD 1.0 = GHS 5.3 (May 2020).

4 Based on an exchange rate of USD 1.0 = GHS 5.3 (May 2020).

5 Based on an exchange rate of USD 1.0 = GHS 5.7 (November 2020).

The LEAP is a bi-monthly social cash transfer programme that provides between GHS 64 and GHS 106 (about USD 12 and USD 20 respectively) to certain poor and vulnerable households.⁶ The objective of the LEAP is to smoothen household consumption, increase access to basic services such as health and education as well as reduce intergenerational household poverty in the long run. Potential beneficiary households must have at least one of the following categories of people in order to qualify: severely disabled person(s), the aged with no reliable source of livelihood, orphaned and vulnerable children, and poor pregnant women. Before the Covid-19 pandemic, several evaluations had lamented the low coverage of the LEAP and the rather paltry size of the cash transfer which is rarely adjusted to reflect changing circumstances, including the impact of inflation (Yablonski, 2017; Sabates-Wheeler et al 2020; Ibrahim, 2020).

To a certain extent, the government's policy responses to the Covid-19 pandemic attempted to address these concerns. These involved a one-time increment in the transfers due to LEAP beneficiaries in May 2020. One UNICEF report comments on this intervention as follows:

The extraordinary payments in combination with their regular scheduled payments are equal to four months' worth of social assistance and are intended to help alleviate economic pressures on very poor and vulnerable households and to enable them to apply safe health and social distancing practices. (UNICEF, 2020c: 13)

The MoGCSP also paid GHS 10 to beneficiaries to purchase hand sanitisers, face masks and soap "to combat the pandemic" whilst "beneficiaries who resided in rural and urban areas were given an additional GHS 20 and GHS 7, respectively, for transportation to collect their grants at designated financial institutions closer to them" (Korankye, 2020). Aside from providing an additional transfer support to LEAP beneficiaries, the MoGCSP also spearheaded daily distribution of food to an estimated 400,000 poor and vulnerable people mainly in Accra, Kasoa and Kumasi. These three cities had the highest incidence of the pandemic. Highlighting the importance of the food distribution, the government noted that policy was to "ensure that people were not too burdened by the closure of businesses and trade activities, which might have been their source of daily income before the issuance of the directive" (Ministry of Finance, 2020).

Limited Inclusion of the Poor and Vulnerable

The Covid-19 mitigation plan implemented by the government and its stakeholders was no doubt important in addressing some fallouts from the pandemic. However, concerns remain whether these interventions achieved significant results in addressing the plight of the poor and vulnerable. The emergence and management of Covid-19 have also raised critical issues and questions about vulnerability, risks and inequality that are worthy of consideration. We present some of these issues below.

First, there have been concerns about the extent to which government's social interventions were inclusive, particularly in relation to poor and vulnerable populations. For example, in the course of distributing the food during the lockdown, it appeared quite evident that the government did not have sufficient data to identify the poor in greatest need, including those who, for various reasons (e.g. disability), were unable to join the food distribution queues. Moreover, given the modality of distribution that targeted 'poor households', concerns have been raised as to whether the government's free provision of water and electricity did benefit the homeless poor, such as the large number of female head-porters in urban centres and street children.

Second, and related to the above point, many Ghanaian citizens lack access to good housing or permanent places of dwelling (see Afram, 2020), while access to potable water, electricity and other social services are beyond the reach of many rural residents and slum dwellers (Adusei, 2020). Given these realities, it is possible that many poor and vulnerable persons might have been cut off from the government's lifeline support in absorbing water and electricity utility bills. Data from the GLSS suggests that only 64% of households relied on state organisations like the Community Water and Sanitation Agency and the Ghana Water Company Limited for their water supplies. This means that more than one quarter of the population might not benefit from the Covid-19 water policy since they "rely on water supply from non-governmental organisation (NGOs), wells, natural sources (riv-

⁶ Based on an exchange rate of USD 1.0 = GHS 5.3 (May 2020). The amount due to each household depends on the number of eligible beneficiaries within that household.

ers, streams, dugouts etc.), tanker supply/vendor provided, sachet and bottled water as their sources of water” (Media Foundation for West Africa, 2020).

Third, there have been media accounts and allegations, particularly from leading opposition party politicians that distributions of welfare benefits during the pandemic were characterised by political favouritism, motivated by the desire of the incumbent New Patriotic Party government to win political power in the 2020 presidential and parliamentary elections. In its 2020 Manifesto, the National Democratic Congress for instance accused the government as follows: “the NPP has politicised targeting beneficiaries of social protection interventions as manifested in the chaotic, partisan and selective distribution of food and other relief items during the COVID-19 lockdown” (NDC 2020: 77). These allegations were made against the backdrop of recent evidence that the political elite in Ghana lack programmatic development vision, often preferring instead to focus on programmes and projects which win them electoral support (Whitfield, 2010; Abdulai and Hulme, 2015; Abdulai and Hickey, 2016). For these reasons, there are genuine concerns that the distribution of resources often deviates from selection criteria stated in policy guidelines or programme documents. In this context, most public investments are undertaken not with the objective of achieving inclusive development, but with short-term political considerations in mind (Abdulai, 2020). For example, some recent qualitative research concludes that since its inception, Ghana’s LEAP cash transfer programme has frequently been used by elected politicians in buying political loyalty, particularly in districts and communities perceived to be supportive of ruling parties (Tweneboah-Koduah, 2018).

Fourth, and related to the above point, although recent evaluations of the LEAP cash transfer programme have extolled its contributions to addressing poverty and vulnerability (Alatinga et al. 2020) concerns remain about implementation challenges and overall impact. For example, not only does the LEAP cover a very small proportion of poor and vulnerable households, but also the cash grant is apparently too small to make any significant impact (Ibrahim, 2020; Yablonski, 2017; Abdulai et al 2019; 2021). This suggests that whilst the additional payment of LEAP transfers grants as a Covid-19 relief measure was commendable, the impact of the policy in addressing risks and shocks to households may remain limited at best until steps are taken to enhance the cash value of the grant and expand the programme to reach larger segments of the poor and vulnerable.

CONCLUSION

The Covid-19 pandemic has provided a rare opportunity for Ghana to test its capacity and preparedness to handle not only health emergencies but also risks and shocks posed to its poor and vulnerable populations. The analysis thus far suggests that the country has made some efforts in its quest to address the impact of the pandemic. Nonetheless, it is evident that existing inequality of opportunities and access to public services place the poor and vulnerable in a disadvantaged position rendering them incapable of availing themselves of social policies introduced by the government. This has implications for the efficacy of future interventions in remedying the impact of shocks posed by natural disasters and other emergencies, as well as the sustainable development goal of leaving no one behind.

We propose a threefold solution to addressing this challenge: One, the government needs to intensify efforts at preparing a reliable and usable national database on poor and vulnerable households. This will provide an objective basis for selecting social protection beneficiaries in ways that will guarantee that resources reach those who face higher forms of risks or are more susceptible to shocks. Two, for social protection interventions to make meaningful impacts, benefits packages must be generous enough to guarantee basic welfare needs, having regard to the prevailing economic conditions, including inflation. Three, the government must ensure that programme coverage is expanded to cover more poor and vulnerable households.

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APPENDIX 1: SOCIAL POLICY DEVELOPMENTS IN RESPONSE TO COVID-19 BY POLICY AREA
(GHANA, JANUARY–SEPTEMBER 2020)

	Policy Area	Pensions	Healthcare	Long-term care and disability	Labor market	Education
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	No	No	No	No	No
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	N/A	N/A	N/A	N/A	N/A
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	N/A	N/A	N/A	N/A	N/A
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	N/A
	Policy Area	Family benefits	Housing	Social assistance	Other*	
(1)	Have there been any significant legislative reforms in the indicated policy area during the indicated time period?	No	No	No	Don't know	
(2)	If (1) yes, have any of these reforms been explicit responses to the Covid-19 pandemic?	N/A	N/A	N/A	N/A	
(3)	If (2) yes, has there been significant regional variation in the implementation of these reforms?	N/A	N/A	N/A	N/A	
(4)	Have subnational governments enacted any significant legislative reforms in the indicated policy area during the indicated time period?	N/A	N/A	N/A	N/A	

Note: Responses are based on parliamentary legislation, not executive decisions.